

EXPRESS EV 435049241US

Rec'd PCT/PTO

19 OCT 2004

Please type a plus sign (+) inside this box



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PU020128
First Named Inventor S. Choksi, et al.

COMPLETE IF KNOWN

Application Number /
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEFLECTION SUPPLY VOLTAGE FEEDBACK CONTROL IN CONJUNCTION
WITH FREQUENCY CHANGE**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/374,281	04/19/2002	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label		OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON MULTIMEDIA LICENSING INC.				
Address	P.O. Box 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609) 734 - 6812	(609) 734 - 6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	SNEHALI		Family Name or Surname	CHOKSI	
Inventor's Signature	<i>[Signature]</i>			Date	MAY 13, 2003 X
Residence: City	State	Country	Citizenship		
Fort Wayne	IN	USA	IN		
Mailing Address 7539 Mill Run Road					
Mailing Address					
City	State	ZIP	Country		
Fort Wayne	IN	46819	USA		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ROBERT JOSEPH		Family Name or Surname	GRIES	
Inventor's Signature				Date	
Residence: City	State	Country	Citizenship		
Indianapolis	IN	USA	USA		
Mailing Address 6143 Irwin Court					
Mailing Address					
City	State	ZIP	Country		
Indianapolis	IN	46237	USA		
<input checked="" type="checkbox"/> Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

[Page 2 of 2]

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box →



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	JOSEPH S. TRIPOLI		
Address	THOMSON MULTIMEDIA LICENSING INC.		
Address	P.O. Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	(609) 734 - 6812	(609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name	SNEHALI	Family Name or Surname	CHOKSI
-------------------	---------	-------------------------------	--------

Inventor's Signature	Date
-----------------------------	-------------

Residence: City	State	Country	Citizenship
Fort Wayne	IN	USA	IN

Mailing Address 7539 Mill Run Road

Mailing Address

City	State	ZIP	Country
Fort Wayne	IN	46819	USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name	ROBERT JOSEPH	Family Name or Surname	GRIES
-------------------	---------------	-------------------------------	-------

Inventor's Signature	<i>Robert Joseph Gries</i>	Date	MAY 12, 2003 R.J.G.
-----------------------------	----------------------------	-------------	---------------------

Residence: City	State	Country	Citizenship
Indianapolis	IN	USA	USA

Mailing Address 6143 Irwin Court

Mailing Address

City	State	ZIP	Country
Indianapolis	IN	46237	USA

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KEVIN MICHAEL		WILLIAMS	
Inventor's Signature <i>Kevin Michael Williams</i>		Date 6/15/03	
Residence: City <u>Indianapolis</u>	State <u>IN</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address 6101 N. Primrose Avenue			
Mailing Address			
City <u>Indianapolis</u>	State <u>IN</u>	ZIP <u>46220</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID ROSS		JACKSON	
Inventor's Signature		Date	
Residence: City <u>Indianapolis</u>	State <u>IN</u>	Country <u>46205</u>	Citizenship <u>USA</u>
Mailing Address 4422 Abby Creek Lane			
Mailing Address			
City <u>Indianapolis</u>	State <u>IN</u>	Zip <u>46205</u>	Country <u>USA</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
Inventor's Signature		Date	
Residence: City <u>Noblesville</u>	State <u>IN</u>	Country <u>USA</u>	Citizenship <u>USA</u>
Mailing Address 18561 Wychwood Place			
Mailing Address			
City <u>Noblesville</u>	State <u>IN</u>	Zip <u>46060</u>	Country <u>USA</u>

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY


Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KEVIN MICHAEL		WILLIAMS	
Inventor's Signature		Date	
Residence: City	Indianapolis	State	IN
Country	USA	Citizenship	USA
Mailing Address 6101 N. Primrose Avenue			
Mailing Address			
City	Indianapolis	State	IN
ZIP	46220	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID ROSS		JACKSON	
Inventor's Signature 		Date 15 May 2003 x	
Residence: City	Indianapolis	State	IN
Country	46205	Citizenship	USA
Mailing Address 4422 Abby Creek Lane			
Mailing Address			
City	Indianapolis	State	IN
Zip	46205	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
Inventor's Signature		Date	
Residence: City	Noblesville	State	IN
Country	USA	Citizenship	USA
Mailing Address 18561 Wychwood Place			
Mailing Address			
City	Noblesville	State	IN
Zip	46060	Country	USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
KEVIN MICHAEL		WILLIAMS	
Inventor's Signature		Date	
Residence: City Indianapolis	State IN	Country USA	Citizenship USA
Mailing Address 6101 N. Primrose Avenue			
Mailing Address			
City Indianapolis	State IN	ZIP 46220	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
DAVID ROSS		JACKSON	
Inventor's Signature		Date	
Residence: City Indianapolis	State IN	Country 46205	Citizenship USA
Mailing Address 4422 Abby Creek Lane			
Mailing Address			
City Indianapolis	State IN	Zip 46205	Country USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
ROBERT GOAH		WATSON, III	
Inventor's Signature <i>Robert Goah Watson III</i>		Date <i>5/13/03</i>	
Residence: City Noblesville	State IN	Country USA	Citizenship USA
Mailing Address 18561 Wychwood Place			
Mailing Address			
City Noblesville	State IN	Zip 46060	Country USA

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY